FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J24728

(4)

PENSION INVESTORS SECURITIES CORP.

FILED							
Apr 14 1997 8:00am							
Secretary of State							

Principal Place of Business Mailing Address 1110 DOUGLAS AVENUE 1110 DOUGLAS AVENUE SUITE 1002 SUITE 1002 ALTAMONTE SPRINGS FL 32714-2004						
US		US	US		3. Date Incorporated or Qualified 07/11/1986	3a. Date of Last Report
2. Principal	Place of Business	2a. Mailing Address			4. FEI Number	07/25/1996 Applied For
21	A4	26			59-2691496	Not Applicable
Suite, Ap		Suite, Apt. #, etc.	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Sta	ale	City & State			6. Election Campaign Financing	\$5.00 May Be
23 Zio	Country	r. ruc.u.u	Zip Country		Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s. 199.032,	
24	25 29 30			.,	Florida Statutes Yes No	
	9, Name and Address of Cu				10. Name and Address of New Re	
	Orbes, Fred A. 10 Douglas avenue			Name Street Add	ress (P.O. Box Number is Not Acceptate	No.
	SUITE 1002				1000 (1.0) DOK Hamber 18 Hat Neceptal	10)
AL.	.TAMONTA SPRINGS FL 32714	1	8	13		
			ε	4 City		FL 85 Zip Code
SIGNATURE 12. TITE NAME	Stipus for type of or printed name of repeace OFFICE RS DC FORBES, FRED A.	d agent and the it applicable (No. AND DIRECTORS DELETE	rorb c	Agent signature requi	poration submits this statement for the ption's board of directors. I hereby accepted when reinstaining) ADDITIONS/CHANGES TO OFFICE	1-10-97 DATE
SUREET ADDRESS	1110 00000 00111011000	SUITE 1002	1.3 STRE	EET ADDRESS		
CHY-ST-7IP TITLE	ALTAMONTE SPRINGS FL	DELETE		-ST-ZIP		Channe Distriction
NAME	DP WIENER, LAWRENCE		2.1 TITLI 2.2 NAM			L Change L Addition
STREET ADDRESS		∮1002		ET ADDRESS		
City - St - 718	ALTAMONTE SPRINGS FL		1	(-ST-ZIP		
TULE		DELETE	3.1 TITU			Change Addition
NAME			3.2 NAM			
STREET ADDINESS CITY - ST - ZIP				ET ADDRESS		
1(1_E		DELETE	4.1 TITLE	/-ST-ZiP	8/11/2	Change Addition
NAME			4 2 NAN	i		
STREET ADDRESS			4.3 STRE	ET ADDRESS		
CITY - ST - ZIP			44 City	-ST-ZIP		
THILE		☐ DELETE	5 1 TITLE			Change Addition
NAME.			52 NAM	•		
STREET ADDRESS		•		ET ADDRESS		
CITY- ST - ZIP TITLE		DELETE	5.4 C/1Y			Charter Flaguer
NAME		ריי מנינונ	6.1 TITLE 6.2 NAM			Change Addition
STREET ADDRESS				ET ADORESS		
CITY-SE-ZIP			6.4 CITY			
14. Ldo here	by certify that the information supp	oliod with this filing does not qua	lify for the ex	remotion states	d in Section 119.07(3)(i), Florida Statutes	s. I further certify that the
Pitoman Lam an d	on indicated on this annual report.	or supplemental annual report is a or the receiver or trustee empo	true and ac wered to exe	curate and that	t my signature shall have the same lega rt as required by Chapter 607, Florida S	l offect as if made under eath, that

SIGNATURE: